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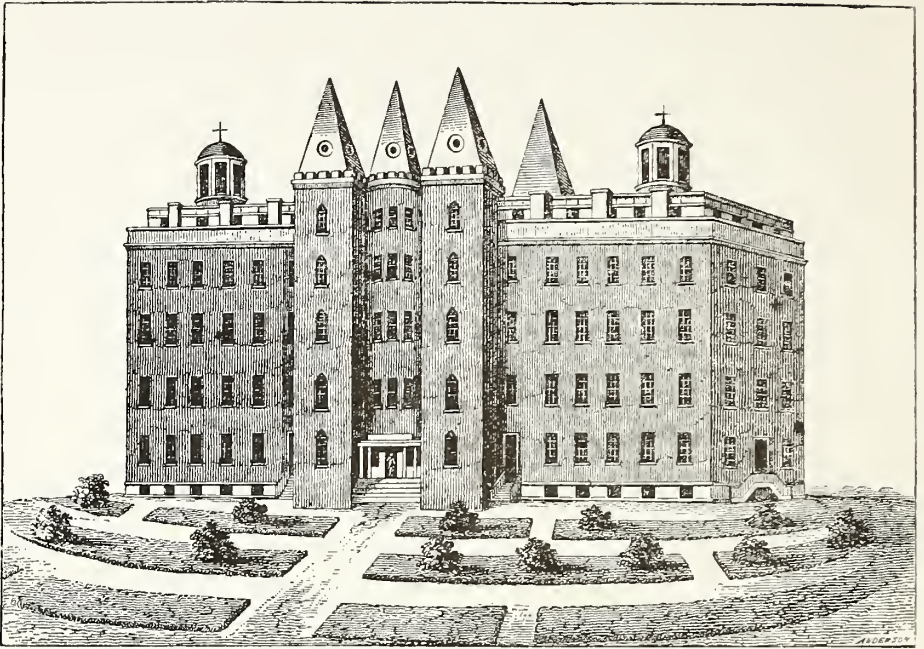
THE
CHURCH HOME AND
INFIRMARY

A HISTORICAL SKETCH



BALTIMORE, MD.

1915



This is the earliest picture of the Church Home and Infirmary that we can find. It appeared about 1838 in an announcement of the Washington Medical College which then occupied this building. The College authorities evidently wished to show the building as it would appear when fully completed. No West wing existed and the four pyramidal towers were never built. A reference to the picture of 1859 shows what in reality existed.

Kindness of the Maryland Historical Society.

Baltimore

THE
CHURCH HOME AND
INFIRMARY.

A HOSPITAL AND HOME MAINTAINED BY THE EPISCOPALIANS OF BALTIMORE AND OF THE STATE OF MARYLAND

BALTIMORE, MD.

1915

NORMAN T. A. MUNDER & CO.
PRINTERS
BALTIMORE, MD.

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PREFACE

THIS fragmentary historical account of the Church Home and Infirmary was given at the graduation exercises of the Training School for Nurses held on Tuesday evening, May 13, 1913. The data contained in this short history came almost exclusively from the Annual Reports. The medical and the nursing side have been dealt with somewhat fully. The limited time at my disposal prevented me from adequately considering many other interesting events connected with the history of this institution.

The hospital and home, although supported entirely by the Episcopalians of Baltimore and of the State of Maryland, in addition to giving a permanent home to the aged and infirm of its own faith, has also rendered incalculable service to the sick of the city, and I might say of the country at large.

It will be noted that the Church Home and Infirmary resulted from an amalgamation of the St. Barnabas's Church Home on Biddle Street and of the St. Andrew's Infirmary on High Street, and further that, on the day the Church Home and Infirmary was opened in 1858, sixteen people were brought to it from the Home and twenty patients from the Infirmary. This dual function has been continued throughout the many years.

With the evolution in hospital methods during the last twenty years and the ever increasing realization on the part of the public that, as a rule, a medical or surgical patient has a much better chance of getting well in a hospital than in his or her home, greater demands have been made in all hospitals for more abundant and more adequate accommodations for private patients. Appreciating the situation, Trustees of the Church Home and Infirmary not only improved the private rooms they already had, but in addition added a new building called the Annex. The new and attractive private rooms were soon in great demand and as a result of the increased revenue obtained it has been possible not only to care for more guests on the Home side but also to make their lot a much happier one; moreover,

when one of the permanent guests of the Home now needs medical or surgical treatment, this can be furnished most satisfactorily under the same roof.

The Episcopalians of Baltimore and of the State of Maryland have an institution of which they may feel proud, and it must be a source of the greatest satisfaction to them to feel that, while the privilege of residence in the Home must of necessity be limited to members of their own faith, on the Hospital or Infirmary side they are caring for the many irrespective of faith or creed. The Church Home and Infirmary has for over fifty years been doing an incalculable amount of good and its usefulness is continually increasing.

THOMAS S. CULLEN,

Chairman of the Medical Committee



The Church Home and Infirmary in 1859. The West wing had not yet been constructed.
Washington's monument is seen in the distance.



The Church Home as it appeared on the day of dedication of the Willey Monument, September 20, 1865

Kindness of the Independent Order of Odd Fellows.



THE CHURCH HOME AND INFIRMARY IN 1865

This picture was made in commemoration of the monument erected to the memory of Thomas Wildey, founder of the Independent Order of Odd Fellows. The Home shows little change. The lawn was then as now a most attractive feature. The George Corner residence is seen in the left of the picture. The costumes then noted on Broadway differed materially from those of today.

Kindness of the Independent Order of Odd Fellows.

INTRODUCTION

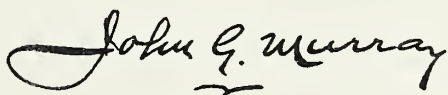
UPON hearing Dr. Cullen's splendid address, herewith published as a historical sketch of the Church Home and Infirmary, I felt its publication for distribution among our people would be most desirable and acceptable.

No one is better qualified to define what such an Institution should be, in its home, no less than in its hospital features, than the author of this sketch.

Nor does anyone occupy a more favorable position than he to state intelligently what this particular Institution really is in every department of its administration, for through many years he has been part of it and has so devoted his time to it, and merged his personality and powers with it, that he knows it as well as does he know himself.

The only thing the Managers of the Church Home and Infirmary have to fear is ignorance of its true purpose and administration; what they supremely desire is that full knowledge of its inner workings, especially on the Home side, shall universally obtain. The address of Dr. Cullen is well calculated to shed proper light upon the Institution and all its affairs from the day of its establishment to the present time.

I appreciate sincerely the kindness of the author in complying with my request for the publication of the sketch, and commend it to the careful consideration of all who may be fortunate enough to have the opportunity of its perusal.

A handwritten signature in cursive script that reads "John G. Murray". The signature is written in dark ink and is positioned above the printed name of the signatory.

Bishop of Maryland.



LOOKING WEST FROM THE CHURCH HOME AND INFIRMARY

This panorama can be seen from the balcony on the Home side and also from the annex. In addition to the several churches and the many tall buildings one recognizes the post-office and that old landmark of Baltimore, the shot-tower.

THE CHURCH HOME AND INFIRMARY

A HISTORICAL SKETCH

ALL of you are thoroughly familiar with every nook and cranny of this splendid philanthropic institution, but I venture to say that few in this room have any very clear knowledge of just how it was started or of the departed friends who were responsible for the gradual development of the Church Home.

In the time allotted to me I shall endeavor to give you a short history of your Alma Mater. Most of the information contained in my address has been gleaned from the Annual Reports.

A couple of days ago I called at the office and asked the names of those who had long been associated with the Church Home and Infirmary and who were still in the institution. I was informed that none of the present occupants had been residents of the Home for more than fifteen years. This came as a distinct shock to me as I have been coming to the Home for over fifteen years and I could hardly realize that I was the oldest inhabitant. A more careful examination of the roster, however, showed that several have been in the Home for a much longer period.

Early in the fifties the Episcopal Church in Baltimore was stimulated to start philanthropies looking to the welfare of the sick and homeless. St. Andrew's Church had an infirmary on High Street and several of the other churches supported a Church Home on Biddle Street. The Church Home on Biddle Street had as its officers:—Visitor, Rt. Rev. W. R. Whittingham, D.D. Bishop of Maryland; Rector, Rev. Edmund B. Tuttle; President, Mrs. Whittingham; Vice-President, Mrs. Neilson; Treasurer, Mrs. Montell; Secretary, Miss Barney.

In addition there were four managers from each of the fol-

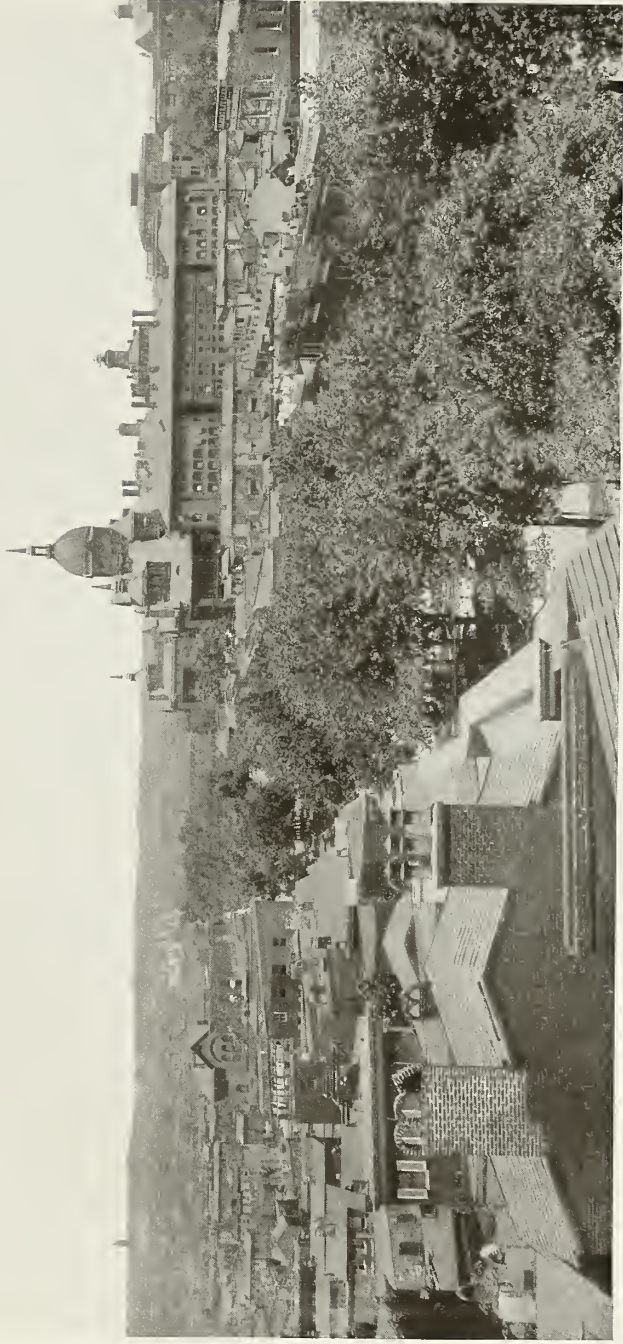
lowing churches, St. Paul's, Grace, Mt. Calvary and Emmanuel. The matron to the institution was Mrs. Tuttle, and the attending physicians were Dr. F. Donaldson and Dr. R. Atkinson.

In the report of the Trustees of the Church Home on St. Barnabas Day, June 11, 1856 we note that on the 11th of October, 1855, "They called together by public notice the contributors to the Fund, they reporting progress and recommending the immediate organization of the Home, under the joint management and direction of the Rector or Warden thereof, and of a committee of ladies from such of the congregations of the Protestant Episcopal Church in the city of Baltimore as might associate themselves for that purpose. Their recommendation was adopted by the meeting, and shortly after carried into effect by the formation of Church Home Societies in St. Paul's, Grace and Mt. Calvary Churches, and at a subsequent period in Emmanuel Church. The following Resolutions were likewise adopted by the contributors.

"Resolved, that the Trustees, heretofore charged with the collection of a fund for the Church Home, are hereby appointed to continue their work, and to manage and enlarge the Fund. Resolved, that they have power to add to their number from among the Clergy and Laity of the Church; and that they are authorized to fill vacancies occurring in their body. Resolved, that they are also empowered to take out a Charter of Incorporation, which will enable them to hold property and receive bequests, on behalf of the Fund.'

"The Trustees fully believe, and would urge it upon the attention of this meeting, that the present is a suitable time for the more earnest—they hope successful—prosecution and completion of this charitable work. It has survived its initial stage; it has given an earnest of what it can accomplish; it has brought out into bolder relief the wants and claims of the class it aims to benefit. To go back, to fail, would be a shame to our communion. To remain stationary, would be to reject and throw back to poverty and suffering many whose eyes are turned to this charity as their only relief. We must go on, by God's grace and the generous hearts of Christian men.

"We must throw ourselves upon the charities of members



LOOKING NORTH FROM THE CHURCH HOME AND INFIRMARY

The tops of the trees on Broadway give a most restful outlook for the convalescent patients lying or sitting on the balconies. In the right of the picture one sees that splendid group of buildings comprising the Johns Hopkins Hospital, which is but three squares distant.

of the Protestant Episcopal Church and beg them, in Christ's Name, to keep alive and render operative an institution, peculiarly of their own body, for the relief of the suffering of those of the same Household of Faith. New York found no difficulty in raising one hundred thousand dollars for St. Luke's Hospital—and is in the field for as much more and will get it. Philadelphia has a large hospital and infirmary well sustained. Chicago, a city of yesterday, has gone beyond us in this respect. Why should our church community, so large, so wealthy, we may add, so charitable, linger on the threshold of so great a work." The Trustees then asked for \$20,000. This appeal was signed by the Chairman of the Trustees, Rev. W. E. Wyatt.

In the report of 1856 it was said, "The number of persons who have thus far received benefits of the institution is as follows:

36 inmates of the Home for divers periods
98 to whom temporary shelter and meals have been
afforded."

This was, of course, at the Biddle Street Church Home. "The lodging department, for wayfaring men in the season of winter, is an incidental and distinct feature of the charity, which may, or may not, be connected with the Home. The basement was fitted up for this purpose, having no connection with other parts of the building, or its inmates.

"In short the Home is a place where, if need be, the aged clergyman, worn out and enfeebled in his Master's service, can find a suitable place to which he can retire and prepare his soul for eternity.

"The sick child of sin and sorrow, may come here and learn how to die.

"The daughter of misfortune can stop here by the wayside, as it were, and rest awhile, till ready to go on and do battle with the world, which seemed to be all against her.

"The aged, whose sojourn here is but temporary, can find, what they long for, within its walls—the Old Man's Home.

"The Home is greatly indebted to its friends for donations in money, furniture, etc. Drs. Donaldson and Atkinson have

given their services regularly and faithfully without any charge to the Institution.”

At the celebration of the Feast of St. Barnabas, in 1856, the Rev. A. Cleveland Coxe, Rector of Grace Church, preached a sermon in behalf of the Church Home, taking as his text, “Take care of him, and whatsoever thou spendest more, when I come again I will repay thee.”

In the course of his remarks he said, “Let us regard our assembling then, not so much an act of mercy to the poor as of justice to ourselves. True, the outcry of the needy is sounding in our ears; but our necessities are greater than theirs. If we shut our ears, or pass by on the other side, we rob them indeed of the morsel of our bread which is theirs by a holy claim, but at the same time, we are losing the opportunity of feeding our spiritual hunger with the Bread ‘which endureth unto Everlasting Life.’

“‘Go and do thou likewise,’—that is, go, visit the poor and needy, and so far as you can give them the use of your own blessings; deny yourself for them, as the Samaritan did when he descended from his beast and went on foot that the sick man might ride; and what you cannot do in this way, for the want of time or opportunity do in the same way that he did, when he said, ‘Take care of him, and whatsoever thou spendest more I will repay thee.’ Here is the original conception of such charities as our Church Home; and Christ has chartered it and made it a part of Christian benevolence, by saying of it—‘Go and do thou likewise.’ And I beg to ask, how—before its doors were opened last October—how did the Churchmen of Baltimore fulfill this part of Christian duty? Where could they go and do likewise? Modern hotels do not open to the poor nor do landlords accept such charges from those who would bid them take care of them. Neither pence nor pounds would secure what such require in any ordinary inn. I trust I may yet see with my own eyes this name of Church Home set over the gate of some large establishment, reared by the Churchmen of Baltimore, as a becoming tribute to God for His bounties to them, and as an illustration of their ideas of the duty suggested by the words, ‘Go and do thou likewise.’



LOOKING SOUTH FROM THE CHURCH HOME AND INFIRMARY

The wide avenue is Broadway. This near the hospital is parked, the many trees and flower beds making it particularly attractive. In the distance is a beautiful view of the harbor.



THE CHURCH HOME AND INFIRMARY AS SEEN FROM BROADWAY

It should occupy some spacious and healthy site, of which we should be permitted to say, that some Son of Consolation, like St. Barnabas, devoted it, as that apostle did his land in Cyprus, to the glory of God and the good of Christ's poor. Who will give the land? It should have large and airy halls, in which should lie a great number of impotent folk, as at the pool of Bethesda. It should have a decent chapel, in which, twice every day, the poor should lift their grateful hands to heaven to crave blessings on their benefactors, and in which, from time to time the Word of God should be preached to them and spiritual meat provided."

Little has been written of St. Andrew's Infirmary on High Street, but in the Report for 1888 we note that of six patients who died during the year one had been in the Church Home thirty years (wanting a few days) having been admitted in February, 1858. The report further goes on to say, "That was we believe one of the first patients received in the Home, (Mrs. Jane Chase) having come into the institution on the 9th of February 1858, that being the day when the present building on Broadway was taken possession of under the management of the Deaconesses of the Diocese of Maryland, who merged in one work of charity, and removed into the building, thirty-six patients, of whom twenty came from St. Andrew's Infirmary, and sixteen from the old Church Home Society." It was, therefore, on this day that the Church Home and Infirmary was opened. From the paper "Church Home and Infirmary, Past and Present," written by Dr. F. D. Gavin, appearing in the report of 1896, we learn that the building purchased was erected in 1836 and was used as a medical college, a department of the old Washington University, since merged into the College of Physicians and Surgeons of this city. The original building included a rotunda flanked by towers, and connecting with a wing extending east about seventy feet. Both rotunda and wings were five stories high, with basement, and extended one hundred feet facing the lawn, and looking toward the south.

The earliest picture of this institution, that I have seen, represented this building situated high on a hill and surrounded

by corn fields. The first report of the Church Home and Infirmary says, "The situation of the Church Home and Infirmary is on the most elevated ground in the city and commands a view of the bay and surrounding country, even superior to that obtained from the top of the monument.

"This eminence—long known from an adjoining site, as Fairmount, is easy of access, and yet removed from the heat and noise of the city. The Avenue, Broadway, on which the building fronts is one of the finest in Baltimore, and although little travelled in this section it is, at a few rods distance, the thoroughfare of a line of Omnibuses, (Pennsylvania Line) which ply through Baltimore Street and the heart of the city to its western extremity.

"As the building now stands it presents a noble aspect. Its cupola is surmounted by the same cross which so long adorned the spire of old St. Paul's, and which, after surviving the fire which consumed that venerable church, now glances in the sun like an ensign on the hill, its wide spreading arms betokening a charity as comprehensive as that of Him who once testified upon the tree his undoubted love for man."

From time to time improvements were made in the institution, the rotunda was fitted up in 1875. In 1883 the Church Home and Infirmary not only owned the building and grounds on which the institution was situated, but had investments amounting to \$115,975 yielding \$4,200 per annum. At that time the women's ward on the 5th floor was an attic room. In 1888 and 1889 it was decided to build the west wing, which was put up at the cost of \$45,864. In this wing provision was made for a sailor's ward situated in the basement and also for a children's ward. The sailor's ward was, however, not a success as no patients came to fill its beds. The children's ward has had many beds and at certain intervals quite a number of children were in the ward but report after report dwells upon the fact that "notwithstanding the many beds few were occupied."

In 1891 the gallery of the chapel was altered so that wheel chairs could be taken in.

In 1893 the East portico of the building was added. In 1896



THE FRONT DOOR LEADING TO THE OFFICE



THE HOSPITAL LAWN AS VIEWED FROM THE VERANDAH

the Trustees seriously considered the establishing of a Home for Tuberculous patients as by this time the medical profession was urging that the dangers of allowing consumptive patients to be associated with others were great. In 1897 the East wing was repaired and in 1905 the present annex became an accomplished fact.

The Visitor of the Church Home has always been the Bishop of Maryland. Since the building was established the following Bishops have been Visitors, Bishops Whittingham, Pinkney, Paret and our Bishop Murray. The first treasurer of the Church Home and Infirmary was George W. Tinges,* and in going through the many records I have grown to feel that he was an old friend.

His reports are models. One can see the tremendous amount of interest and anxiety he had for the institution to weather the storm in its early days. One of the most amusing items that I have seen in the report was, "debtor to cash \$2.00 for a counterfeit note." That is the only instance in which I have known the Church Home to have lost money in such a manner. The finances of the institution had many ups and downs, but the Treasurer, assisted by the Trustees and the ladies, was able to cope with the situation. Probably the most pathetic report was that of 1863. "The current year had scarcely opened before a sensible diminution of receipts was felt. The Board had already expended, for debts incurred and for the support of the House, all its funds, including a portion of the endowment and the Treasurer could consequently no longer respond to the calls for money for 'current expenses,' however urgently made. The result has been, 'no money to go to market with' more than once during the past three months, new debts for 'bread and meat' have followed, although it was distinctly understood in July, 1861, that the Board could not keep the institution open, except upon condition that it be kept from debt. The alternatives were Debt, Starvation or the Almshouse. The first was chosen, but of that there must be an end.

*Mr. George W. Tinges on numerous occasions referred to the gift of the Rev. S. R. Sargeant and on the day that he sent in his resignation as Treasurer to the Board of Trustees in October 1874, he said "On the first of September 1854, I received \$130 from my friend S. R. Sargeant as the beginning of this Society. That was the corner stone."

“The number of beneficiaries has averaged higher than that for which a support was pledged. The cost of support of each has increased. The receipts from pay patients have diminished, and it follows that more, not less, must be paid into the treasury for the present year in order to prevent the second or third alternative above mentioned.”

In the report for 1865 by the Warden, the Rev. Mr. Clark, we find the following: “Lastly, we were so unfortunate a few weeks ago as to lose a very fine cow, for which \$100 had just been paid. This is mentioned in the hope that it may meet the eye of some liberal farmer who will replace her.”

Mr. C. T. Boehm was appointed Treasurer in 1875 and died in 1893. I can hardly realize that our present Treasurer, Mr. William Thomsen, still a young man, was appointed to his responsible position in 1891, 22 years ago.

Among the list of physicians we notice Drs. F. Donaldson, James A. Reed, W. Chew Van Bibber, W. G. Harrison, Jr., E. Lloyd Howard, Christopher Johnston, George D. Beatty, M. S. De Rossit, Thomas R. Brown, F. R. Walker, B. W. Barton, B. C. Riggs, Russell Murdoch, William Green, H. S. Bowie, Robert W. Johnson, H. P. Wilson, A. E. Stein, L. McLane Tiffany, Howard A. Kelly, and George J. Preston. The first resident physician was Dr. W. C. Worthington, appointed in 1873; the second, Dr. Frank D. Gavin, appointed in 1874.

In the report of the Trustees for the year 1879 we read, “During the past year there have been performed several very interesting surgical operations and in this connection the Trustees would make grateful mention of Dr. Thomas R. Brown, by whose death the Church Home suffers a great loss. Dr. Brown had for several years given his most acceptable services gratuitously, and many are those who by his skill have been relieved. He was always faithful in his duties, thus voluntarily assumed, and kind and gentle to the suffering. His memory will long be dear to those whom, under God, he has restored to health and strength,”

In 1892 the report of the Executive Committee says “That we are able to close the year without materially exceeding our

income is a matter not only of congratulation, when the increase of patients treated in the surgical and general wards of the Infirmary is noted, but also worthy of commendation. The credit is due, in a very great measure, to our resident physician, F. D. Gavin, M. D., to whose care and foresight the efficiency of the institution at the present time is in a great measure due. Always giving his time and thought to our needs the many years of his oversight are bearing fruit, and his kindness towards the inmates, his fairness of dealing with those among whom he labors, and his cordial welcome given to other physicians and surgeons, whose patients find in him a constant and attentive friend, is appreciated by all. He has seen that which was needed to make the Church Home and Infirmary more useful to the sufferers in our community, and his insistence until the wants have been supplied has enabled the Home to offer to the large number, who have availed themselves of its care, much that has alleviated distress and increased the usefulness of the work that is carried on within its walls."

The report of 1904 contains the appointment of Dr. S. Griffith Davis as assistant physician. Dr. Davis has for many years rendered the institution signal service by giving the anaesthetics; he has become one of the most prominent anaesthetists in the country, and has added greatly to the prestige of the institution.

The first Interne to be appointed was Dr. Maurice Lazenby, who was selected in 1904. In the same year Dr. Gavin was made Superintendent. Mr. S. J. Hough, Secretary of the Executive Committee said "Your committee hopes that this action will meet with the approval of the Board. They feel confident that the appointment of Dr. F. D. Gavin as General Superintendent, from his long continued connection with the Home for a period of thirty years and his intimate acquaintance with its policies and workings, will greatly tend to increase the efficiency of the work of the Home in every respect, and it is but a just tribute for the valuable services heretofore rendered by him."

The committee, consisting of Rev. Dr. J. S. B. Hodges, Samuel J. Hough and Arthur Boehm, in making their report say: "As the work of the Church Home has grown, especially during

the past few years, it has been thought advisable to make some change in the management of the institution, particularly by placing the internal administration of the Home under a single head, who is responsible for the entire management to the Trustees, through the Executive Committee. This has been done; and Dr. Frank D. Gavin, who has since 1874 (full thirty years) been the Resident Physician, has been appointed Superintendent and physician in charge of the Church Home and Infirmary."

In the early days the rates in the public wards were \$3.00 a week and for private patients from \$5.00 to \$12.00. In the beginning the Church Home and Infirmary recognized the necessity of having suitable quarters for pay patients. It was one of the first hospitals in the country to understand that private patients should have at least as good treatment as free patients, and furthermore the Trustees had the business sagacity to see that a certain amount of revenue might be derived from pay patients, thus enabling them to care for more free patients than their finances would otherwise permit them to do.

In one year, in the second report there are records of seven colored people being cared for, this being the maximum. Since then no record of treatment of colored people is forthcoming, which is only natural considering the size and scope of the institution.

In 1879 an eye and ear dispensary was maintained and presided over by Dr. Russell Murdoch. This was kept up for some time, but then closed as Dr. Murdoch could no longer give his time to it. One of the most interesting rules for patients that I have noted in any hospital was contained in the report of 1874 and subsequent reports. "No discontented or dissatisfied inmate will be retained in the house."

NURSING IN THE INSTITUTION

As noted in the beginning of the report, the Deaconesses from St. Andrew's Infirmary came to the Church Home and to them was entrusted the care of the patients. These nurses served the institution most faithfully and in various reports high tribute is paid to their excellent service. The report of 1863



THE POE TABLET

Edgar Allan Poe breathed his last in the Church Home and Infirmary. In 1909 Mrs. Thomas S. Cullen offered the Trustees a tablet commemorating this fact. The offer was accepted and the tablet occupies a prominent place in the rotunda of the Institution.

mentions the possibility of a training school for nurses. "It is to establish there a training school for nurses, where Christian women, who desire to devote themselves to such a calling may find a home, and gain the experience which is so necessary for its judicious and faithful exercise. This has been already done to a limited extent, but it is the wish of the Trustees to establish this as an integral part of their work. It is believed that such a central home for nurses would be a great blessing to the Home itself; to the women who might be instructed there, and to the community at large, who would thus be supplied with carefully trained and responsible nurses, whose fidelity can be vouched for by the physicians and other officers in the institution."

In 1866 the Chairman said: "The withdrawal of Rev. Mr. Clark subjected the Trustees to no little anxiety lest they should be unable to supply his place; this anxiety was happily removed by the voluntary offer of the Sisterhood of the Good Shepherd to undertake the charge of the Home for three months, at the expiration of which experimental period the Sisters were willing to withdraw, in case the Trustees should prefer to fall back upon the old arrangement."

"As this movement was a very important one, and has already been attended with great advantage to the institution, the Board of Trustees desire to place on record their deep sense of the very valuable services which were rendered in their great emergency by this Association of Christian women. In the hottest part of the past trying summer, the Sisters freely relinquished their usual vacation, went to the Home in sufficient force to take charge of its affairs, gave themselves up not only to the work of nursing, but with their own hands cleansed and purified the building from top to bottom, putting every room and ward in good order, and establishing a degree of neatness, order and economy throughout, which cannot but be gratifying to the friends of the institution.

"At the expiration of the three months, the Board was fully satisfied that the experiment was eminently successful; and that whether regard was to be had to care and tenderness in nursing, to neatness and order in internal arrangement, or to economy

in management, the Sisters were the most efficient and faithful helpers they could possibly secure. They accordingly, on the 12th of November last, adopted a resolution setting forth their appreciation of the services which had been rendered, and requested the Sisterhood to continue their care of the institution. The internal management of the Home and Infirmary is now in their hands, they have the same temporal duties and responsibilities which devolved upon the Warden, and a Chaplain attends to the spiritual duties of the House."

In the annual report of 1871 we note: "They enjoy alike the ministrations of the Sisters, six or eight of whom are in constant attendance without cost to the church, sometimes even without the cheering expression of her people's countenance, by the bedside of the weak and dying."

In 1872 the Sisters of the Good Shepherd left and went to Missouri. The report for 1873 says: "Scarcely had the year begun before the Sisters of the Good Shepherd, who were entrusted with the care of the House which they had served well and long, gave notice to the Trustees of their acceptance of an invitation from the Bishop of Missouri to remove to his Diocese. The loss occasioned by their withdrawal was very seriously felt, and as slowly repaired. They had grown up, as it were, with this child of their nurture and were all that was left of the original Deaconesses of Maryland, then at work in its borders. After weary search and anxious consultation Sister Anne and her associates of what is known as the Sisterhood of St. Luke the Physician were induced to undertake this responsible charge, upon the duties of which they entered at Easter. Of this Order of Christian Women, the Bishop of the Diocese is ecclesiastical head, and its members are subject to his sole direction. Sisters Eliza and Margaret, who were among the first Deaconesses set apart in Maryland, were offered a home for life upon the removal of their Order, which they gladly accepted from the Board of Trustees."

When Sister Anne took charge there were thirty-four inmates, and on the list of pay patients seventeen persons. Sister Anne and her associates resigned in 1873. "She was followed by Miss Mary J. Bradford a lady so well known to the churches

in Baltimore, as to make it unnecessary to say a word more. Miss Bradford had Miss Theodora Gilmore as an invaluable assistant. Sister Margaret and the other assistants remain, Miss Bradford as the Head, with the Executive Committee of the Board as her council of advice, will now conduct the work."

Miss Bradford remained in charge for over fifteen years and died at the Church Home in 1890.

The report for 1890 says: "The Trustees of the Church Home and Infirmary, in laying before its many friends another Annual Report cannot begin that report without the expression of their sense of the great loss the institution and all connected with it have sustained in the death of Miss Bradford, who passed calmly, peacefully away from her earthly labors on the 12th day of last February. For fifteen years, close upon half the entire lifetime of the Church Home and during which period more than one-half of its active work has been accomplished, she gave it her wise, loving and never failing care.

"While, with all who came under her influence, we sorrow for the loss, we should be ungrateful indeed if we were not devoutly thankful for her long and faithful service. And we gladly place upon record our testimony that the loss occasioned by her death has been the less severely felt by reason of the faithful and capable services of her long time fellow-workers, especially Dr. F. D. Gavin and Miss H. M. Sudler, upon whom the Executive Committee at once devolved the immediate responsibility of the work."

In 1892, in the report of the Rev. Dr. J. S. B. Hodges we note that "Several of the City physicians have availed themselves of the invitation issued last year, and a number of operations have been performed by them with most gratifying results. The Operating Room, recently fitted up, has answered its purpose admirably. Every facility is afforded for operating according to the latest requirements of Surgery. Trained nurses have been employed for all cases requiring such special care. Dr. Gavin reports that heretofore the hospital feature of our work has been so small that it furnished little or no material for training. If the work continues to increase at the same rate

as during the past year we shall be able to train nurses for our own use."

The report of the physician in charge for 1897 says: "We have six nurses under the immediate direction of Mrs. Lucas, from whom they receive instruction in all matters concerning their work. They have charge or supervision of all cases requiring their care. Of our nurses I wish to make this statement; that without exception they have discharged the duties committed to them both carefully and cheerfully, and have been painstaking in carrying out instructions, and obliging when taxed beyond the requirements of service. They deserve our appreciation and they should know they have it."

In the report of 1898 Dr. Gavin says: "We have seven nurses, besides Mrs. Lucas, who superintends their work and directs their studies. These nurses have charge of five floors or wards, where the transient patients are most numerous; and the oversight, also of any case that requires especial attention in other parts of the house."

I would just like to emphasize this fact for the benefit of my hearers and I, too, gladly speak most highly of the work of these women. They not only helped in the wards and in the operating room, but also were frequently up all night. At that time it was difficult to get sufficient nurses and the institution was not overly burdened with money, consequently the nurses that worked all day retired in kimonas, each patient had a bell by her side and in case of emergency during the night the bell was rung. The weary nurse would attend to the patient and then retire. Those of us who now think we have a great deal to do have in reality much lighter labors than the nurses of those days.

In the same report Dr. Gavin refers to "one who was engaged in this work from its very beginning, who shared its vicissitudes, and who lived to enjoy the assurance of its success. I refer to Sister Margaret. For thirty-two years she gave all she possessed of bodily strength, excellent judgment and honest, whole-souled endeavor for the advancement of this charity. Late in her life, after ill health and feebleness had made cessation from the chosen labors imperative, she lived on to appre-



THE CHURCH HOME AND INFIRMARY AS IT LOOKS TODAY
This picture was taken from the corner of Fairmount Avenue and Broadway.

ciate as a blessed resting place this same Home that she had done so much to make a happy one for others. The last eight years of her life were passed in such quiet and contentment as were permitted by her increasing infirmities. She slept peacefully away on Sunday morning, the day after Christmas, in the eighty-sixth year of her age."

The improvement of the Training School for Nurses was a gradual one. After the resignation of Mrs. Lucas we had in succession, Miss Mallalieu, Miss Lucy Sharp, Miss Saunders, Miss A. Miller, Miss Caroline Taylor, Miss Weidman, Miss Nancy P. Ellicott, Miss Mary B. Thompson, Miss Lucy Sharp, Miss Waters, Miss Hartwell, Miss Bennett and Miss V. Bartlett.

On the resignation of Dr. F. D. Gavin in 1908 the following report was made by the President of the Trustees, Rev. Dr. Arthur Chilton Powell. "In recent years under the direction of Dr. Frank D. Gavin, the Infirmary department of our institution has been greatly developed, while the Home feature has not been diminished. Great credit is due him for this development, to which he gave both time and care. It will always be a monument to his long and faithful administration, which terminated by resignation in March last. Dr. Gavin took with him the good will and personal regard of every member of the Board of Trustees when he retired to the private practice of his profession. He had been attached to the Church Home and Infirmary in several capacities for a third of a century, and his name must always be honorably associated with its history.

"In March 1908 the Rev. Dr. J. S. B. Hodges, S.T. D. presented to the Board his resignation as its President, and thus brought to a close a personal service such as our institution has had from no other Trustee. For the past thirty-four years, he had been the faithful President of the Board, and, through his influence added greatly to the strength and popularity of the institution. His resignation was received with much reluctance. He remains, however, a member of the Board of Trustees."

In the report of Rev. Dr. Arthur Chilton Powell published in April 1906, we note, "During the year Miss Sudler, for many years matron of the institution, decided to retire from active ser-

vice, and in appreciation of her long and faithful connection with the Home, a yearly pension was voted her, equal to the salary she had received."

Miss Sudler after severing her active management in the affairs of the Church Home and Infirmary spent several very happy years among her many warm friends in Baltimore and died after a short illness on April 9, 1913.

To those of you who knew Miss Sudler no mention of her splendid qualities is necessary. For those who were not fortunate enough to be associated with her I will say that she was a woman of splendid tact and judgment and that in the ministration of her office her chief aim was to make the lot of the infirm and the aged as comfortable and happy as it could possibly be. Her daily rounds were looked forward to by all, and her final departure will be mourned by the many members of the Church Home and Infirmary family.

For several years after the resignation of Dr. Gavin the Executive Committee, with Mr. Arthur Boehm as active representative, looked after the management of the institution. When he resigned the position, Mr. William Thomsen and Mr. M. K. Burch successfully guided the destinies of the Home.

In the Fall of 1912 the Executive Committee after much careful consideration and investigation was successful in securing the services of Miss Jane Nash, who had successfully managed the Fordham Hospital in New York. In a personal conversation with Dr. Winford H. Smith, Superintendent of the Johns Hopkins Hospital, I asked him who was the best available person for the Superintendency of the Home; he said "One of the two or three in the United States is Miss Nash, but you can't get her." It is a source of great gratification that she is now the Executive officer of the Church Home and Infirmary.

The First Board of Trustees as mentioned in the Second Annual Report published December 1, 1859, consisted of the following gentlemen: Rev. Wm. E. Wyatt, D. D.; Rev. A. Cleveland Coxe, D. D.; Rev. Sam'l R. Sargeant; Rev. Geo. D. Cummings, D. D.; Mr. Wm. Woodward; Mr. Matthew Howe; Mr. Geo. W. Tinges; Mr. Sam'l G. Wyman; Mr. Fred. W. Brune, Jr.; Mr. Wm. G. Harrison; Mr. Laurence Thomsen.

Report after report attested to their fidelity to the trust they were so thoroughly interested in. The tribute paid to each of these men as they one by one passed to the Beyond leaves no doubt as to the great part they played in the development of the Institution. I wish time permitted me to briefly sketch the lives of these splendid and representative citizens of Baltimore and of the members of the successive Boards.

The present Board of Trustees is a most active one and on the Executive Committee for 1913 are Rev. Arthur Chilton Powell, D. D., Chairman, *Ex-officio*, Mr. William Thomsen, *Ex-officio*, Mr. Marion K. Burch, Mr. Edward Guest Gibson, Rev. Edwin B. Niver, D. D., Mr. Franklin P. Cator, Mr. John Black, Mr. William W. Chipchase.

At a gathering similar to this and taking place half a century later, and probably in this very rotunda, I feel confident that the speaker when referring to the management of the Church Home and Infirmary for 1913, will say, that the Trustees were broad-minded men, that they were absolutely true to their trust and that they had brought the institution to such a degree of perfection that it was enabled to do the maximum amount of good, and that it was a philanthropy of which the Churchmen of Maryland justly felt proud.

No history of the Home would be complete without a reference to Lizzie, who for so many years, faithfully looked after the meals in the East wing and has long since been promoted to the Nurses' Home.

A ride in the elevator without Mike would seem unnatural, and a visit to the Home without seeing the bald head and beaming countenance of Mr. Marvel would not be complete. I must, however, cease. Time will not permit me to linger with these and many other members of the Institution who year in and year out have labored unostentatiously and faithfully for the welfare of the Home.

I have in as short a space as possible given you some of the history of the Church Home and Infirmary. The City of Baltimore when this institution was started was relatively small as is indicated by the fact that St. Michael's and All Angels was spoken of as in Baltimore County. With the growth of the

city the development of the institution has kept pace.

I will now address a few remarks to you of the graduating class. In a recent address of Sir William Osler to the graduating class of the Johns Hopkins Training School for Nurses he spoke of Tact, Tidiness, Taciturnity, Sympathy, Gentleness, Cheerfulness and Charity. The necessity of each one of these is clearly evident to you. You have doubtless had numerous lectures bearing upon this subject, consequently I will leave nothing with you but the titles.

In recent years it has been more and more evident that every man and woman should have a vocation. In the majority of instances this is necessary for a livelihood, but rich and poor alike must be employed, if they are to satisfactorily fill their individual niche in the community and if they are to get out of life true happiness.

Many are compelled to select vocations or occupations that are not to their liking and that are monotonous. You have chosen a profession that is continually unfolding new and interesting problems,—a profession that brings you into the most intimate contact with nearly every phase of life. In these few years, you have seen the happy and the sad side of life and are able to deduce the proper prospective of what is and what is not really worth while.

You are now ready for graduation, in reality you are just at the threshold. Heretofore you have been under hospital supervision, where if you were not exactly sure what should be done you could always call upon the head nurse or the superintendent for instructions. Henceforth if any emergency arises, between the physician's visits and when he is not available, you will have to use your own initiative. You will now occasionally have to decide promptly just what shall be done and will have to act accordingly. You have in the past been, figuratively speaking, hot-house plants. You are now transferred to your own individual sphere of usefulness.

The medical student, who after graduation thinks that further study is unnecessary, usually vegetates and in the course of a few years is no longer in touch with the advances in medicine. The same is equally true with the nurse. She should

take one or two of the best journals, and when opportunity offers see what new and important methods have been devised. In this way she keeps abreast of the times and her value to the community is greater. Again, this new knowledge is a continual stimulus, and often fosters the spirit of investigation.

Rest. The work of a trained nurse is very strenuous and consequently every nurse should take at least one month's vacation each year. Remember health is one of your greatest assets. In fact, if you are not well, you cannot do justice to yourself or to your patient. If at any time you are run down, take a rest at once. Remember, as a rule, you can accomplish more real work in eleven months than you can in twelve.

Save. Unfortunately neither the nurse nor medical student is given any business instructions during their course. Few nurses can withstand a long series of years of work without taking a prolonged rest and every nurse must reckon with the possibility of sickness. A good business man will lay by a contingent fund. Nurses should do likewise and I cannot too strongly impress upon you the necessity of saving a definite percentage of your earnings to be safely laid by or to be invested by a thoroughly competent business man.

In a hospital with which I was connected years ago, the Superintendent of Nurses made a very curious classification of her former pupils:

1. Nurses on the active list.
2. Nurses on the mortality list.
3. Nurses that were deceased.

Class 2, nurses on the mortality list, consisted of those who had married and had left the nursing profession. No matter what profession you may later enter the training you have already had will always be a most valuable adjunct.

In conclusion I want to congratulate you of the graduating class on having satisfactorily completed your term of service and I sincerely trust that each of you may have a most happy and successful career.



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